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# ***Adult Medical Emergencies:***

## ***Allergic Reactions/Anaphylaxis***

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### ***I. All Provider Levels***

1. Refer to Patient Care Protocol.
2. Provide 100% oxygen via NRB. If respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen. Apply Pulse Ox.
3. Place the patient in position of comfort. If evidence of poor perfusion is present place the patient in shock position.
4. Initiate advanced airway management with Combi-tube for the impending respiratory arrest patient.



**Note Well:** EMT-I and EMT-P should use ET intubation.



**Note Well:** The following treatments should only be accomplished if evidence of a moderate to severe reaction is present. This includes either respiratory distress or shock (hypoperfusion).

5. Administer 0.3 mg Epinephrine 1:1,000 via auto-injector.



**Note Well:** EMT-I and EMT-P can utilize 0.3 mg Epinephrine 1:1,000 pre-fill or 0.5 mg Epinephrine 1:10,000 ET/IV.

6. Reassess patient.



**Note Well:** If no change after 2 minutes intubate patient. If after 2 unsuccessful intubation attempts due to a completely occluded airway and unable to ventilate patient with a BVM, consider cricothyrotomy (Advanced Life Support Providers only)

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## ***II. Advanced Life Support Providers***

1. Attach EKG and interpret rhythm.
2. Establish a large bore IV of Normal Saline KVO.
3. If systolic blood pressure is <100 mm/Hg administer a 500 cc normal saline bolus. Reassess patient. Repeat as necessary up to 2,000 cc of normal saline.
4. Administer 2.5 mg Albuterol Sulfate via nebulizer if evidence of bronchoconstriction is present.
5. If mild allergic reaction without respiratory compromise:
  - A. Administer 25 mg of Diphenhydramine PO.
  - B. Reassess patient.



## ***III. Transport Decision***

1. Transport to the closest appropriate open facility.



## ***IV. The Following Options are Available by Medical Control Only***

1. Albuterol Sulfate 2.5 mg via nebulizer if bronchoconstriction is present.
2. Dopamine infusion of 5 - 20 ug/kg/min. if patient is hypotensive and is non-responsive to epinephrine therapy.
3. Epinephrine 1:1,000, 0.3 mg SQ via pre-fill or auto-injector, or 0.5 mg Epinephrine 1:10,000 IVP or ET.
4. Methylprednisolone, 125 mg IVP.
5. Midazolam 1.0 - 2.0 mg IVP to a maximum of 5.0 mg for pre-intubation sedation if patient is not hypotensive.